

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)				SERIAL NO.	FILING DATE		
				APPLICANT			
CLAIMS							
AS FILED	AFTER		AFTER	CLAIMS			
	AMENDMENT	DEP.		IND.	DEP.	IND.	DEP.
1				51			
2				52			
3				53			
4				54			
5				55			
6				56			
7				57			
8				58			
9				59			
10				60			
11				61			
12				62			
13				63			
14				64			
15				65			
16				66			
17				67			
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35				85			
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37				87			
38				88			
39				89			
40				90			
41				91			
42				92			
43				93			
44				94			
45				95			
46				96			
47				97			
48				98			
49				99			
50				100			
TOTAL IND.	4			TOTAL IND.	↓		
TOTAL DEP.	21			TOTAL DEP.	↓		
CLAIMS	67			CLAIMS	67		